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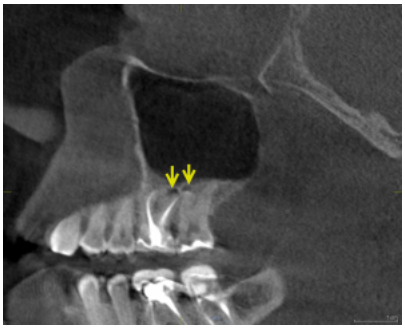
What Lies in the Third Dimension

By John Carson (/spear-review/author/john-carson/) on June 5, 2012 | (/bookmarks/bookmark/13373) SHARE



Have you ever had a patient complaining of a toothache and despite your best efforts you were unable to determine the source of their pain? My guess is yes.

Recently I had a new patient come in on an emergency exam complaining of a toothache on the upper left; she was pointing to #14. She had been to her previous dentist more than 30 times in the previous six months trying to resolve her discomfort. She came to me stating she "was done with this tooth and wanted it ripped out."

My exam showed no remarkable findings, no muscle tenderness or thermal sensitivity, probing depths were within normal limits, the teeth were in proper occlusion, she had no percussion sensitivity and periapical and bitewing radiographs showed no pathology – only what appeared to be very nicely done endodontic treatment on tooth #14.

Rather than "ripping out" her tooth I recommended a CBCT scan to further evaluate things. Happily the CBCT showed clear pathology not evident on her 2D radiographs. The CBCT not only showed radiolucency on the distal buccal root of #14 but also on the mesial buccal root of #15. After discussing our finding she elected to have #14 removed and replaced by an implant (https://www.speareducation.com/spear-review/category/implants), which resolved 90 percent of her symptoms, followed by endodontic treatment for #15 which took care of the remaining 10 percent of her symptoms.

Had we not had the information gained from the CBCT treatment decisions would have certainly been delayed or less informed and more of a "shot in the dark" which may have resulted in less predictable treatment choices. CBCT is a huge advancement in imaging that provides more information and greatly aids in diagnosis and treatment decisions.

If you have not yet considered incorporating this technology into your practice I encourage you to do so.

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